

NAACCR Hospital Registry Webinar Series

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Abstracting Thyroid Cancer Incidence & Treatment Data


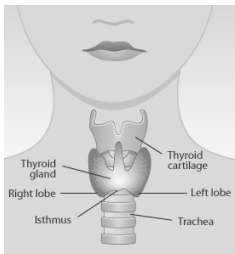


Image source: Thyroid ABC Health and Well Being

Anatomy of the Thyroid


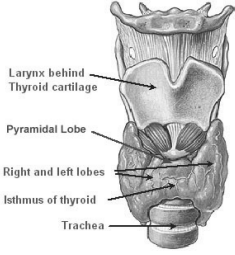


Image Source: SEER Training Website

Anatomy of the Thyroid

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Thyroid Anatomy

- Follicular cells
 - ◆ Thyroid hormone (thyroxine)
- C cells (parafollicular cells)
 - ◆ Calcitonin
- Lymphocytes
- Stromal cells


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Head and Neck Lymph Node Levels and Groups

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Regional Lymph Nodes for Thyroid

- **Level I**
 - ◆ Submandibular
 - ◆ Submaxillary
 - ◆ Submental
- **Level II**
 - ◆ Jugulodigastric (subdigastric)
 - ◆ Upper deep cervical
 - ◆ Upper jugular




Regional Lymph Nodes for Thyroid

- **Level III**
 - ◆ Middle deep cervical
 - ◆ Mid-jugular
- **Level IV**
 - ◆ Jugulo-omohyoid (supraomohyoid)
 - ◆ Lower deep cervical
 - ◆ Lower jugular
- **Level V**
 - ◆ Posterior cervical
 - ◆ Posterior triangle




Regional Lymph Nodes for Thyroid

- **Level VI**
 - ◆ Anterior deep cervical
 - ◆ Laterotracheal
 - ◆ Paralaryngeal
 - ◆ Paratracheal
 - ◆ Prelaryngeal (Delphian)
 - ◆ Pretracheal
 - ◆ Recurrent laryngeal




Regional Lymph Nodes for Thyroid

- Level VII
 - ◆ Posterior mediastinal
 - ◆ Superior mediastinal
 - ◆ Upper anterior mediastinal
 - ◆ Upper mediastinal
 - ◆ Mediastinal, NOS




Regional Lymph Nodes for Thyroid

- Other groups
 - ◆ Parapharyngeal
 - ◆ Retropharyngeal
 - ◆ Sub-occipital
- Cervical, NOS
- Deep cervical, NOS
- Internal jugular, NOS
- Mandibular, NOS



Thyroid Cancer Histology


Cancer Type	% of Thyroid Cancer*	5-year relative Survival**
Papillary	80	98%
Follicular	15	96%
Medullary	3	86%
Anaplastic	2	9%



Information from NCI* and NCI SEER Program**


Diagnosing Thyroid Cancer

- Physical exam
- Blood tests
 - ◆ Check levels of thyroid-stimulating hormone (TSH)
 - ◆ Check levels of calcitonin




Diagnosing Thyroid Cancer

- Imaging
 - ◆ Ultrasound
 - ◆ Radioiodine (thyroid) scan
 - ◆ Positron emission tomography (PET) scan
 - ◆ Octreotide scan
- Biopsy
 - ◆ Fine-needle aspiration
 - ◆ Surgical




2007 Multiple Primary and Histology Coding Rules

- Use other sites module for thyroid gland




Other Sites: Table 1

- Paired organs and sites with laterality
 - ◆ Table only includes anatomic sites covered by other sites rules
 - ◆ Thyroid is not on the table and not considered a lateral organ even though there is a right and left lobe



Other Sites: Table 2

- Mixed and combination codes
 - ◆ Used to determine mixed and combination codes ONLY
 - ◆ Apply multiple primary rules first
 - ◆ Used most often when multiple histologies are in a single tumor



Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Small cell carcinoma	Large cell carcinoma	Combined small cell carcinoma	8045
	Adeno-carcinoma		
	Squamous cell carcinoma		
Squamous carcinoma	Basal cell carcinoma	Basosquamous carcinoma	8094
Islet cell	Exocrine	Mixed islet cell and exocrine adenocarcinoma (pancreas)	8154
Acinar	Endocrine		

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Hepatocellular carcinoma	Cholangio-carcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma	8180
Adenocarcinoma	Carcinoid	Composite carcinoid	8244
Adenocarcinoma and 2 or more of the histologies from column 2 OR 2 or more of the histologies from column 2	Papillary	Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma	8255
	Clear cell		
	Mucinous (colloid)		
	Signet ring		
	Acinar		

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Medullary	Papillary	Mixed medullary-papillary carcinoma	8347
Squamous carcinoma and Adenocarcinoma		Adeno-squamous carcinoma	8560
Any combination of histologies in Column 2	Myxoid Round cell Pleomorphic	Mixed liposarcoma	8855
Embryonal rhabdomyo-sarcoma	Alveolar rhabdomyo-sarcoma	Mixed type rhabdomyo-sarcoma	8902

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Teratoma	Embryonal carcinoma	Teratocarcinoma	9081
Teratoma and one or more of the histologies in Column 2	Seminoma Yolk sac tumor	Mixed germ cell tumor	9085
Choriocarcinoma	Teratoma Seminoma Embryonal	Choriocarcinoma combined with other germ cell elements	9101

Multiple Primary Rules

Unknown if Single or Multiple Tumors			
Rule		Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS		Tumor(s) not described as metastasis	
MI		Use this rule only after all information sources have been exhausted.	Single

Single Tumor					
Rule	Site		Notes/Examples		Primary
SINGLE TUMOR			1: Tumor not described as metastasis 2: Includes combinations of in situ and invasive		
M2	Single		The tumor may overlap onto or extend into adjacent/contiguous site or subsite.		Single

Multiple Tumors					
Rule	Site	Histology			Primary
M5	Any site or sites	Kaposi sarcoma			Single
Rule	Site	Histology	Timing		Primary
M6	Thyroid	Follicular and papillary	Within 60 days of diagnosis		Single

Multiple Tumors					
Rule	Site		Notes/Examples		Primary
M8	Both sides of a paired site (Table 1)		Table 1 – Paired Organs and Sites with Laterality		Multiple
Rule		Timing			Primary
M10		Diagnosed more than one (1) year apart			Multiple

Multiple Tumors				
Rule	Site		Notes/ Examples	Primary
M11	Topography codes that are different at the second (Cx xx) and/or third (Cx xx) character		<i>Next slide</i>	Multiple

Multiple Tumors				
Rule	Timing	Behavior	Notes/ Examples	Primary
M15	More than 60 days after diagnosis	An invasive tumor following an in situ tumor	<i>Next slide</i>	Multiple
Rule			Notes/Examples	
M15 Continued			<p>1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</p> <p>2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</p>	

Multiple Tumors				
Rule	Histology			Primary
M16	<ul style="list-style-type: none"> •Cancer/malignant neoplasm, NOS (8000) and another is a specific histology; or •Carcinoma, NOS (8010) and another is a specific carcinoma; or •Squamous cell carcinoma, NOS (8070) and another is a specific squamous cell carcinoma; or •Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma; or •Melanoma, NOS (8720) and another is a specific melanoma; or •Sarcoma, NOS (8800) and another is a specific sarcoma 			Single

Multiple Tumors				
Rule	Histology			Primary
M17	Histology codes are different at the first (xxxx), second (x x xx), or third (xx x) number			Multiple
Rule			Notes/Examples	Primary
M18	Does not meet any of the above criteria		When an invasive lesion follows an in situ within 60 days, abstract as a single primary.	Single

<h2 style="margin: 0;">Histology Coding Rules</h2>
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Single Tumor In Situ Only				
Rule	Pathology Cytology		Notes/Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ)				
H1	The pathology/cytology report is not available		<i>Next Slide</i>	The histology documented by the physician

Rule	Notes/Examples
SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ)	
H1 Continued	<p><i>1:</i> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> •Documentation in the medical record that refers to pathologic or cytologic findings •Physician's reference to type of cancer (histology) in the medical record <p><i>2:</i> Code the specific histology when documented.</p> <p><i>3:</i> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>

Single Tumor In Situ Only

Rule	Histology	Notes/Examples	Code
H2	One type	<p>Do not code terms that do not appear in the histology description.</p> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>	The histology

Single Tumor In Situ Only

Rule	Histology	Notes/Examples	Code
H4	<ul style="list-style-type: none"> •Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or •Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or •Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or •Melanoma in situ, NOS (8720) and a specific in situ melanoma 	<i>Next Slide</i>	The most specific histologic term

Rule		Notes/Examples
H4 Continued		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Single Tumor In Situ Only

Rule	Histology	Notes/Examples	Code
H5	<ul style="list-style-type: none"> •Multiple specific histologies or •A non-specific histology with multiple specific histologies 	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/mixed code (Table 2)

Single Tumor In Situ Only

Rule		Code
H6	None of the above conditions are met	The numerically higher ICD-O-3 code

Single Tumor Invasive and In Situ			
Rule	Behavior	Notes/Examples	Code
SINGLE TUMOR: INVASIVE AND IN SITU (Single Tumor; in situ and invasive components)			
H7	Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.

Single Tumor Invasive Only			
Rule	Pathology Cytology	Notes/Examples	Code
SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive)			
H8	No pathology/cytology specimen or pathology/cytology report is not available	<i>Next Slide</i>	The histology documented by the physician

Rule	Notes/Examples
SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive)	
H8 Continued	<p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans <p>2: Code the specific histology when documented.</p> <p>3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>

Single Tumor Invasive Only

Rule	Pathology/ Cytology	Notes/ Examples	Code
H9	None from primary site	Code the behavior /3	The histology from a metastatic site

Single Tumor Invasive Only

Rule	Histology	Notes/Examples	Code
H11	One type	<p>Note 1: Do not code terms that do not appear in the histology description.</p> <p>Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p> <p>Note 2: If this is a papillary carcinoma of the thyroid, go to Rule H14</p>	The histology

Rule	Histology	Notes/ Examples	Code
H13	<ul style="list-style-type: none"> •Cancer/Malignant neoplasm, NOS (8000) and a more specific histology •Carcinoma, NOS (8010) and a specific carcinoma or •Squamous cell carcinoma, NOS (8070) and a specific squamous cell carcinoma or •Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or •Melanoma, NOS (8720) and a melanoma or •Sarcoma, NOS (8800) and a more specific sarcoma 	Next Slide	The most specific histologic term

Rule	Notes/Examples
H13 Continued	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>

Single Tumor Invasive Only

Rule	Primary Site	Histology	Code
H14	Thyroid	Papillary carcinoma	8260 (papillary adenocarcinoma, NOS)

Rule	Primary Site	Histology	Code
H15	Thyroid	Follicular and papillary carcinoma	8340 (Papillary carcinoma, follicular variant)

Single Tumor Invasive Only

Rule	Histology	Notes/Examples	Code
H16	<ul style="list-style-type: none"> •Multiple specific histologies or •A non-specific histology with multiple specific histologies 	<i>Next slide</i>	The appropriate combination/ mixed code (Table 2)

Rule	Notes/Examples
H16 Continued	<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p>Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>

Single Tumor Invasive Only

Rule	Code
H17 None of the above conditions are met	The numerically higher ICD-O-3 code

Multiple Tumors Abstracted as a Single Primary

Rule	Pathology/ Cytology	Notes/ Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY			
H18	No pathology/ cytology specimen or the pathology/ cytology report is not available	<i>Next slide</i>	The histology documented by the physician

Rule	Notes/Examples
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY	
H18 Continued	<p>I: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> •Documentation in the medical record that refers to pathologic or cytologic findings •Physician's reference to type of cancer (histology) in the medical record •CT, PET or MRI scans <p>2: Code the specific histology when documented</p> <p>3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>

Multiple Tumors Abstracted as a Single Primary

Rule	Pathology/Cytology	Notes/Examples	Code
H19	None from primary site	Code the behavior /3	The histology from a metastatic site

Multiple Tumors Abstracted as a Single Primary

Rule	Histology	Notes/Examples	Code
H23	One type	<p>Do not code terms that do not appear in the histology description.</p> <p>Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>	The histology

Multiple Tumors Abstracted as a Single Primary

Rule	Primary Site	Histology	Code
H26	Thyroid	Papillary carcinoma	8260 (papillary adenocarcinoma, NOS)

Rule	Primary Site	Histology	Code
H27	Thyroid	Follicular and papillary carcinoma	8340 (Papillary carcinoma, follicular variant)

Multiple Tumors Abstracted as a Single Primary

Rule	Behavior	Notes/Examples	Code
H28	Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.

Rule	Histology	Notes/Examples	Code
H29	<ul style="list-style-type: none"> •Cancer/Malignant neoplasm, NOS (8000) and a more specific histology •Carcinoma, NOS (8010) and a specific carcinoma or •Squamous cell carcinoma, NOS (8070) and a specific squamous cell carcinoma or •Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or •Melanoma, NOS (8720) and a melanoma or •Sarcoma, NOS (8800) and a more specific sarcoma 	<i>Next Slide</i>	The most specific histologic term

Rule	Notes/Examples
H29 Continued	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>

Multiple Tumors Abstracted as a Single Primary			
Rule	Histology	Notes/Examples	Code
H30	<ul style="list-style-type: none"> Multiple specific histologies or A non-specific histology with multiple specific histologies 	<i>Next slide</i>	The appropriate combination/mixed code (Table 2)

Rule	Notes/Examples
H30 Continued	<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p>Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>

Multiple Tumors Abstracted as a Single Primary

Rule		Code
H31	None of the above conditions are met	The numerically higher ICD-O-3 code

Collaborative Staging

Thyroid




CS Tumor Size

<u>Code</u>	<u>Description</u>
000	No mass or tumor
001-988	Exact size in millimeters
989	989 mm or larger
990	Microscopic focus
991	Described as less than 1 cm
992-995	Described as less than 2-5 cm OR greater than 1-4 cm OR between 1-4 cm and 2-5 cm
999	Unknown




CS Extension: Thyroid Gland

- **Note**
 - ◆ **AJCC considers all anaplastic carcinomas T4**
 - ◆ If histology equals 8020 or 8021
 - And CS extension equals 00, 10, 20, 30, 40, 45, or 48, then T category is T4a
 - And CS extension equals 50, 52, 60, 62, 70, 72, or 80, then T category is T4b
 - And CS extension equals 95 or 99, then T category is T4NOS



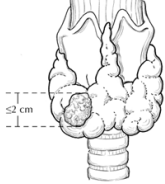
CS Extension Thyroid Gland

- **Code 00**
 - ◆ In situ; noninvasive
- **Code 10:**
 - ◆ Single invasive tumor confined to thyroid
- **Code 20**
 - ◆ Multiple foci confined to thyroid
- **Code 30**
 - ◆ Localized, NOS




CS Extension Thyroid Gland

T1



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CS Extension = 10, 20, 30, or 40



CS Extension Thyroid Gland

T2

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CS Extension = 10, 20, 30, or 40

CS Extension Thyroid Gland

- **Code 40**
 - ◆ Into thyroid capsule, but not beyond
- **Code 45**
 - ◆ Minimal extrathyroid extension
 - ◆ Strap muscle(s): Omohyoid, sternohyoid, sternothyroid
- **Code 48**
 - ◆ Pericapsular soft/connective tissue

CS Extension Thyroid Gland

T3


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CS extension = 45, 48

CS extension = 10, 20, 30, 40

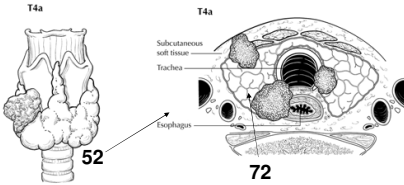
CS Extension Thyroid Gland

- Code 50
 - ◆ Parathyroid
 - ◆ Nerves: recurrent laryngeal, vagus
- Code 52
 - ◆ Cricoid cartilages
 - ◆ Esophagus
 - ◆ Larynx
 - ◆ Sternocleidomastoid muscle




CS Extension Thyroid Gland

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CS extension = 50, 52, 72



CS Extension Thyroid Gland

- Code 60
 - ◆ Thyroid cartilage
 - ◆ Described as fixed to adjacent tissues
- Code 62
 - ◆ Blood vessel(s) (major): carotid artery, jugular vein, thyroid artery or vein



CS Extension Thyroid Gland

T4b

Carotid artery

Vertebral body

70

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CS extension = 60, 62, 70, 80

CS Extension Thyroid Gland

- **Code 70**
 - ◆ Bone
 - ◆ Skeletal muscle, other than strap or sternocleidomastoid
- **Code 72**
 - ◆ Trachea

CS Extension Thyroid Gland

- **Code 80**
 - ◆ Further contiguous extension
 - ◆ Mediastinal tissues
 - ◆ Prevertebral fascia
- **Code 95**
 - ◆ No evidence of primary tumor
- **Code 99**
 - ◆ Unknown; cannot be assessed; not documented in record


CS Tumor Size/Ext Eval	
<u>Code</u>	<u>Description</u>
0	Clinical only
1	Invasive techniques
2	Autopsy (known or suspected dx)
3	Pathology
5	Pre-op tx; clinical eval
6	Pre-op tx; pathologic eval
8	Autopsy; dx not suspected
9	Unknown

CS Lymph Nodes Thyroid Gland: Notes	
1. Code only regional nodes and nodes, NOS, in this field	
2. Field includes all lymph nodes defined as Levels I-VI and other by AJCC	
3. Codes 12-15 include ipsilateral, bilateral, contralateral, and midline lymph nodes	

CS Lymph Nodes Thyroid Gland	
■ Code 00	◆ None; no regional lymph node involvement
■ Code 10: Obsolete	
■ Code 11: Obsolete	
■ Code 12	◆ Level VI nodes (central compartment of neck)
	◆ Stated as N1a, NOS


CS Lymph Nodes Thyroid Gland

N1a




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CS lymph nodes = 12




CS Lymph Nodes Thyroid Gland

- **Code 13**
 - ◆ Cervical nodes (other than those in central compartment)
 - ◆ Levels I-III and Levels IV-V (except supraclavicular nodes)
 - ◆ Other groups: parapharyngeal, retropharyngeal, sub-occipital
 - ◆ Cervical, NOS
 - ◆ Deep cervical, NOS
 - ◆ Internal jugular, NOS
 - ◆ Mandibular, NOS
 - ◆ Stated as N1b, NOS




CS Lymph Nodes Thyroid Gland

- **Code 14**
 - ◆ Supraclavicular nodes (transverse cervical)
- **Code 15**
 - ◆ Level VII
- **Code 20: Obsolete**
- **Code 21: Obsolete**
- **Code 30: Obsolete**
- **Code 31: Obsolete**




CS Lymph Nodes Thyroid Gland

N1b




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CS lymph nodes = 13, 14, 15




CS Lymph Nodes Thyroid Gland

- Code 50
 - ◆ Regional lymph node(s), NOS
- Code 80
 - ◆ Lymph nodes, NOS
- Code 99
 - ◆ Unknown; cannot be assessed; not documented in record




CS Reg Node Eval


<u>Code</u>	<u>Description</u>
0	Clinical only
1	Invasive techniques
2	Autopsy (known or suspected dx)
3	Pathology
5	Pre-op tx; clinical eval
6	Pre-op tx; pathologic eval
8	Autopsy; dx not suspected
9	Unknown




Regional Nodes Positive	
Code	Description
00	Nodes negative
01-89	1-89 nodes positive
90	90 or more nodes positive
95	Positive aspiration or core biopsy of LN
97	Positive nodes, number unspecified
98	No nodes examined
99	Unknown



Regional Nodes Examined	
Code	Description
00	No nodes examined
01-89	1-89 nodes examined
90	90 or more nodes examined
95	No regional nodes removed, but aspiration or core biopsy of lymph nodes
96	Regional node sampling, number unknown
97	Regional node dissection, number unknown
98	Regional nodes removed, number unknown, not documented as sampling or dissection; nodes examined, number unknown
99	Unknown




CS Mets at DX Thyroid Gland	
■ Code 00	◆ No; none
■ Code 10: Obsolete	
■ Code 11: Obsolete	
■ Code 12	◆ Distant lymph node(s), NOS





CS Mets at DX Thyroid Gland	
■	Code 40
◆	Distant metastasis except distant lymph nodes
◆	Carcinomatosis; distant metastasis, NOS
■	Code 50: Obsolete
■	Code 51
◆	(12) + (40)
■	Code 99
◆	Unknown; cannot be assessed; not documented in record

CS Mets Eval	
<u>Code</u>	<u>Description</u>
0	Clinical only
1	Invasive techniques
2	Autopsy (known or suspected dx)
3	Pathology
5	Pre-op tx; clinical eval
6	Pre-op tx; pathologic eval
8	Autopsy; dx not suspected
9	Unknown

CS Site-Specific Factor 1 Thyroid Gland Solitary vs. Multifocal	
<u>Code</u>	<u>Description</u>
000	None
001	Solitary tumor
002	Multifocal tumor
999	Insufficient information; not documented in patient record


	<p>CS Site-Specific Factors 2-6</p> <table><thead><tr><th><u>Code</u></th><th><u>Description</u></th></tr></thead><tbody><tr><td>888</td><td>Not applicable for this site</td></tr></tbody></table> <p style="text-align: right;"></p>	<u>Code</u>	<u>Description</u>	888	Not applicable for this site
<u>Code</u>	<u>Description</u>				
888	Not applicable for this site				

	<p>First Course Treatment</p> <p>Thyroid Gland</p> <p style="text-align: right;"></p>
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	<p>First Course Treatment</p> <ul style="list-style-type: none">■ Intended to affect tumor by<ul style="list-style-type: none">◆ Modification◆ Control◆ Removal◆ Destruction■ Includes curative and palliative treatment <p style="text-align: right;"></p>
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Surgical Procedure of Primary Site: Thyroid Gland

- Site-specific codes
 - ◆ FORDS revised for 2007, page 282
 - ◆ SEER PCSM 2007, Appendix C, pages C-1033




Surgical Procedure of Primary Site: Thyroid Gland

- Code 00: None
- Code 13: Local tumor destruction, NOS (No specimen sent to path)
- Code 25: Removal of less than a lobe, NOS
 - ◆ Code 26: Local surgical excision
 - ◆ Code 27: Removal of a partial lobe, ONLY (Specimen sent to pathology)



Surgical Procedure of Primary Site: Thyroid Gland



Code 27 Code 21





Image source: EndocrineWeb.com


Surgical Procedure of Primary Site: Thyroid Gland

- Code 20: Lobectomy and or/isthmectomy
 - ◆ Code 21: Lobectomy ONLY
 - ◆ Code 22: Isthmectomy ONLY
 - ◆ Code 23: Lobectomy WITH isthmus
- Code 30: Removal of a lobe and partial removal of the contralateral lobe

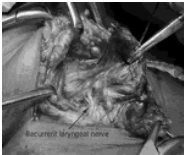


Surgical Procedure of Primary Site: Thyroid Gland

- Code 40: Subtotal or near total thyroidectomy
- Code 50: Total thyroidectomy
- Code 80: Thyroidectomy, NOS
- Code 90: Surgery, NOS
- Code 99: Unknown



Surgical Procedure of Primary Site: Thyroid Gland



Code 50





Image source: EndocrineSurgeon.co.uk

Scope of Regional Lymph Node Surgery Codes*


Code	Label
0	None
1	Biopsy or aspiration of regional LNs, NOS
2	Sentinel LN biopsy
3	Number of regional LNs removed unknown
4	1-3 regional LNs removed
5	4 or more regional LNs removed
6	Sentinel biopsy and code 3, 4, or 5 at same time or timing not stated
7	Sentinel biopsy and code 3, 4, or 5 at different times
9	Unknown



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Surgical Procedure/Other Site Codes*


Code	Label
0	None
1	Nonprimary surgical procedure performed
2	Nonprimary surgical procedure to other regional sites
3	Nonprimary surgical procedure to distant lymph nodes
4	Nonprimary surgical procedure to distant site
5	Combination of codes
9	Unknown



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Radiation Therapy and Thyroid Gland Cancer

- Radioactive iodine therapy
 - ◆ Radioiodine (I-131)
- External beam radiation



	<h2>Systemic Therapy</h2> <ul style="list-style-type: none">■ Chemotherapy<ul style="list-style-type: none">◆ May be given to treat distant metastasis◆ Ongoing clinical trials<ul style="list-style-type: none">◆ Taxol and other drugs as well◆ Chemotherapy combined with radiation to treat anaplastic thyroid carcinoma■ Hormonal therapy<ul style="list-style-type: none">◆ Synthroid■ Biologic response modifiers<ul style="list-style-type: none">◆ Clinical trials with monoclonal antibodies
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	<h2>Questions?</h2>
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